

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/645,559-Conf. #9174 Filing Date August 22, 2003 First Named Inventor Masayoshi NISHIO Examiner Name S. L. Blau Art Unit 3711 Attorney Docket No. 0229-0773P	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$) 1,020.00	

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Application Type Fee (\$) Small Entity Fee (\$)		SEARCH FEES Fee (\$) Small Entity Fee (\$)		EXAMINATION FEES Fee (\$) Small Entity Fee (\$)		Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
_____ - 20 = _____		x _____	= _____	_____	_____		_____
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
_____ - 3 = _____		x _____	= _____	_____	_____		_____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____	_____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,020.00

SUBMITTED BY			
Signature _____	Registration No. (Attorney/Agent) 22,463	Telephone (703) 205-8000	
Name (Print/Type) Joseph A. Kolasch		Date January 12, 2006	

AMENDMENT TRANSMITTAL LETTER			Docket No. 0229-0773P																																											
Application No. 10/645,559-Conf. #9174	Filing Date August 22, 2003	Examiner S. L. Blau	Art Unit 3711																																											
Applicant(s): Masayoshi NISHIO																																														
Invention: GOLF CLUB AND METHOD OF MAKING GOLF CLUB																																														
<p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">9</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">6</td> <td style="text-align: center;">- 6 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">Other fee (please specify): Extension for response within third month</td> <td style="text-align: right; padding: 5px;">1,020.00</td> </tr> <tr> <td colspan="5" style="padding: 5px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: right; padding: 5px;">1,020.00</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity </p> <p> <input type="checkbox"/> No additional fee is required for this amendment. </p> <p> <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed. </p> <p> <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,020.00</u> to cover the filing fee is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u>, as described below. A duplicate copy of this sheet is enclosed. </p> <p> <input checked="" type="checkbox"/> Credit any overpayment. </p> <p> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p style="font-size: 1.2em; margin: 0;"> Joseph A. Kolasch Attorney Reg. No.: 22,463 </p> <p style="margin-top: 20px;"> BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 </p> </div> <div style="width: 35%; text-align: right;"> <p>Dated: <u>January 12, 2006</u></p> </div> </div>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	9	- 20 =	0	x		Independent Claims	6	- 6 =	0	x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): Extension for response within third month					1,020.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,020.00
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